



PTO/SB/21 (09-04)

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<b>TRANSMITTAL FORM</b> (to be used for all correspondence after initial filing)	Application Number	09/092,023 09/902 023
	Filing Date	July 11, 2001
	First Named Inventor	Walter H. Mawby
	Art Unit	3632
	Examiner Name	S. Marsh
Total Number of Pages in This Submission	Attorney Docket Number	2051-00101

**ENCLOSURES (check all that apply)**

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Exhibit A - FOUR Articles; and acknowledgment postcard
Remarks		

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm	CONLEY ROSE, P. C.	
Signature		
Printed name	Marcella D. Watkins	
Date	December 22, 2005	Reg. No. 36,962

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165965.01/2051.00101

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